This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY									
DATE RECEIVED	AMOUNT								
02/28/23	\$								
	ALLOCATION NUMBER								

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Minburn Cablevision, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		416 Chestnut Street, P.O. Box 206 (Number, street, rural route, apartment, or suite number)
		Minburn, IA 50167 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: 38306
		MAILING ADDRESS OF CABLE SYSTEM:
	2	416 Chestnut Street, P.O. Box 206 (Number, street, rural route, apartment, or suite number)
		Minburn, lowa 50167 (City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF GARLE OVOTEN	SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Minburn Cablevision, Inc.	383
_	Instructions: List each separate community served by the cable system. A "c	
D	"a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	
	as the "first community." Please use it as the first community on all future fi	
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area	identified city.	mobile nome parks should be reported in parentheses below the
Served	identified dity.	
	CITY OR TOWN	STATE
First	Minburn	IA
Community	Woodward	IA
	Perry	IA IA
Rows as Necessary		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Minburn Cablevision, Inc.

SYSTEM ID# 38306

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2							
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Residential:									
<ul> <li>Service to first set</li> </ul>			Lifeline (Res & Comm)	25	62.99				
<ul> <li>Service to additional set(s)</li> </ul>			Prime (Res & Comm)	107	######				
<ul> <li>FM radio (if separate rate)</li> </ul>			Elite (Res & Comm)	24	######				
Motel, hotel			Commercial Bulk 1	1	######				
Commercial			Comm Bulk 2 Per Room	167	\$17.83				
Converter									
<ul> <li>Residential</li> </ul>									
Non-residential									

# F

### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1								
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE				
Continuing Services:		Installation: Non-residential							
<ul> <li>Pay cable</li> </ul>		Motel, hotel		Standard STB	\$5.49				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		DVR 250 GB 3 stream	\$9.99				
<ul> <li>Fire protection</li> </ul>		• Pay cable		DVR 250 GB 5 Stream	12.99				
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		DVR 500 GB	19.99				
Installation: Residential		Fire protection							
<ul> <li>First set</li> </ul>	\$99.00	Burglar protection							
<ul> <li>Additional set(s)</li> </ul>		Other services:							
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect							
<ul> <li>Converter</li> </ul>		Disconnect							
		Outlet relocation							
		Move to new address							

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 38306

4 LOCATION OF STATION

Minburn Cablevision, Inc.

1 CALL SIGN

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2 B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WOI	5	N	Ames/Des Moines
WOI 5.1	327	N-M	Ames/Des Moines
WOI 5.2	328	N-M	Ames/Des Moines
WOI 5.3	329	N-M	Ames/Des Moines
KCCI	8	N	Des Moines
KCCI 8.1	332	N-M	Des Moines
KCCI 8.2	333	N-M	Des Moines
KCCI 8.3	10	N-M	Des Moines
IPTV	11		Des Moines
IPTV 11.1	338	I-M	Des Moines
IPTV 11.2	339	I-M	Des Moines
IPTV 11.3	340	I-M	Des Moines
IPTV 11.4	341	I-M	Des Moines
WHO	13	N	Des Moines
WHO 13.1	432	N-M	Des Moines
WHO 13.2	343	N-M	Des Moines
WHO 13.3	15	N-M	Des Moines
WHO 13.4	344	N-M	Des Moines
KCWI	16	N	Des Moines
KCWI 23.1	347	N-M	Des Moines
KCWI 23.2	66	N-M	Des Moines
KCWI 23.3	345	N-M	Des Moines
KDSM	17	N	Des Moines
KDSM 17.1	349	N-M	Des Moines
KDSM 17.2	351	N-M	Des Moines

3 TYPE OF STATION

Add Rows as Necessary

U.S. Copyright Office

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Minburn Cablevision, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDSM 17.3	351	N-M	Des Moines
KFPX	96	N	Des Moines
KFPX 39.1	353	N-M	Des Moines
KFPX 39.2	354	N-M	Des Moines
KRPX 39.3	355	N-M	Des Moines

38306

Accounting	Period:	2022/2
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Minburn Cablevision, Inc.

38306

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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d: 2022/2					FOR	M SA1-2E. PAGE 5.			
		ГЕМ:							SYSTEM ID# 38306
SUBSTITUTE CARRIAGE In General: In space I, identification in the programmi 1. SPECIAL STATEMENT • During the accounting peri	E: SPECIA fy every nor ecounting pe ng that mus CONCER od, did you	nnetwork televis eriod, under spe st be included in RNING SUBST	cion program, broadcas ecific present and formen this log, see page (v) o	t by a <i>dista</i> r FCC rules f the gener	s, regul al instr	ations, or a ructions in t	utho he p	rizations. aper SA1-	m carried on a For a further .2 form.
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to programming that your system was permitted to delete under FCC rules and regulations in									
1. TITLE OF PROGRAM				5. M	5. MONTH			RED	7. REASON FOR DELETION
	Minburn Cablevision, I  SUBSTITUTE CARRIAGE In General: In space I, identification of the programmi  1. SPECIAL STATEMENT  • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call seriod Column 4: Give the broat the case of Mexican or Canac Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00—6:30 p.m."  Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	Minburn Cablevision, Inc.  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus  1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every no period, was broadcast by a distant stati under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast static the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	Minburn Cablevision, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMEING General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBSTOME *During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separal clear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televit period, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the column 5: Give the month and day when your systifirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carriestated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE?  3. STATION'S	Minburn Cablevision, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM In General: In space I, identify every nonnetwork television program, broadcas substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) on 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute In broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substituder certain FCC rules, regulations, or authorizations. See page (v) of the QD on ot use general categories like "movies" or "basketball." List specific programs as Broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the case of Mexican or Canadian stations, if any, the community with which the case of Mexican or Canadian stations are program was carried by you to the nearest five minutes. Example: a program carried by a system from 6: stated as "6:00–6:30 p.m."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete undefect on October 19, 1976.	Minburn Cablevision, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a dista substitute basis during the accounting period, under specific present and former FCC rules explanation of the programming that must be included in this log, see page (v) of the gener 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you gin block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherevelear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program period, was broadcast by a distant station and that your cable system substituted for the under certain FCC rules, regulations, or authorizations. See page (v) of the general ins Do not use general categories like "movies" or "basketball." List specific program titles, "NBA Basketball: Toers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the broadcast station's location (the community to which the station the case of Mexican or Canadian stations, if any, the community with which the station Column 5: Give the month and day when your system carried the substitute program first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable s to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete under FCC reflect on October 19, 1976.	Minburn Cablevision, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stat substitute basis during the accounting period, under specific present and former FCC rules, regul explanation of the programming that must be included in this log, see page (v) of the general instr  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonne broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you mulog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever post clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the program durder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction to not use general categories like "movies" or "basketball." List specific program titles, for ex "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the month and day when your system carried the substitute program. Use first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:2 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete under FCC rules a effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  SUBSTITUTE PROGRAM 5. M	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG   In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in to a synamic part of the general instructions in the substitute basis and programming that must be included in this log, see page (v) of the general instructions in the substitute basis and promote the programming that must be included in this log, see page (v) of the general instructions in the substitute of the substitute program or a substitute basis, any nonnetwork televity broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming or under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is licensed by the the scale of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 4: Give the broadcast station's location (the community with which the station is identified).  Column	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Minburn Cablevision, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your consubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or author explanation of the programming that must be included in this log, see page (v) of the general instructions in the pinch program of the programming that must be included in this log, see page (v) of the general instructions in the pinch program of the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their molear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the acception, was broadcast by a distant station and that your cable system substituted for the programming of an under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further in Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love "NBA Basketball: "Gers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FC the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 6: State the times when the substitute program was carried by your cable system. List the times to the nearest five	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Minburn Cablevision, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syste substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograr log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear, if you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another stat under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatior Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 6: State the times when the

ccounting Period:	_	NAME OF OWN	ER OF CABLE	SYSTEM:									SYSTE	
Name		ourn Cable											_	830
<b>K</b> Gross Receipts	Instru all am (as ide page (	SS RECEIP* uctions: The nounts (gross entified in spa (vii) of the ge Gross receipts luring the acc	figure you receipts) p ace E) duri neral instru s from subs	paid to young the acutions look actions look acribers fo	ur cable s counting cated in to or second	system by period. F the paper dary trans	y subscri or a furth SA1-2 fo mission	bers for the ner expland orm. service(s)	e system ation of h	s second now to co	dary tran mpute th	smission se is amount, s	rvice	16
		RTANT: You									•	•	f gross receip	
Copyright Royalty Fee	<ul><li>Instruct</li><li>Comp</li><li>Use b</li><li>Use b</li><li>Use b</li></ul>	RIGHT ROYA tions: To con blete block 1, block 1 if the a block 2 if the a block 3 if the a e (vi) of the ge	npute the reblock 2, or amount of gamount of	oyalty fee r block 3. gross rece gross rece gross rece	eipts in s eipts in s eipts in s	pace K is pace K is pace K is	more that	an \$137,1 an \$263,8	00 but les	ss than \$5		\$263,800		
				BLO	OCK 1: 0	GROSS F	RECEIP	ΓS OF \$1	37,100 C	R LESS				_
		ctions: As a ca		with gros	s receipts	s of \$137,	100 or les	ss, the roy	alty fee th	at you mu	st pay fo	r this six-mor	nth	
		. Royalty fee t		ing neriod										
													0.0	
	Line 2	. Interest char	ge. Enter t	ne amour	it irom iin	e 4, space	e Q, page	8					0.0	<u> </u>
	Line 3	3. TOTAL ROY	ALTY FEE	PAYABI	_E FOR A	ACCOUNT	TING PER	RIOD Add	lines 1 ar	nd 2				
						EIPTS O			,		an \$137	,100)		
		se amount und									800.00	=		
		er amount of (									425.46	-		
	3. Sub	otract line 2 fro	om line 1						\$	115,	374.54	=		
		er the amount	-									148,425.40	<u> </u>	
		er the amount										115,374.54	<u>1</u>	
		otract line 5 fro										33,050.92	_	
		Itiply line 6 by											165.2	
	8. Inte	erest charge.	Enter the a	mount fror	n line 4, s	space Q, p	page 8						0.0	)0
	9. <b>TO</b> 1	TAL ROYALT	Y FEE PA	YABLE FO	OR ACC	DUNTING	PERIOD	. Add lines	7 and 8 .			\$	165.2	25
			BLOCK 3	3: GROS	S RECE	IPTS OF	MORE	THAN \$2	63,800 (l	out less t	han \$52	7,600)		_
	1. Ente	er the amount	of gross re	ceipts fro	m space	K						_		
	2. Bas	se amount und	der statutory	y formula .					\$	263,	800.00	_		
	3. Sub	otract line 2 fro	om line 1									_		
	4. Mul	Itiply line 3 by	.01											
	5. Roy	alty due on th	ne first \$263	3,800 of gr	oss recei	ipts (under	r statutor	y formula)		\$		1,319.00	<u>)</u>	
	6. Inte	erest charge.	Enter the a	mount from	m line 4, s	space Q, p	page 8					0.00	<u>)                                    </u>	
	7. <b>TO</b> 1	TAL ROYALT	Y FEE PAY	YABLE FO	OR ACC	DUNTING	PERIOD	. Add lines	4, 5, and	6				
				FILING I	FEE ANI	D TOTAL	REMIT	TANCE D	UE					
Filing Fee and Fotal Remittance	1. Roy	yalty Fee Paya	able for Acc	ounting P	eriod (fro	m Block 1	, 2, or 3,	above)		<u>\$</u>		165.2	<u>5</u>	
Due	2. Filin	ng Fee (See th	ne instructio	ons for mo	re inform	ation on fil	ling fee c	alculations	i)	\$		20.00	<u>)</u>	
	3. TO	TAL AMOUN	T DUE FOR	R ACCOU	NTING P	ERIOD. #	Add lines	2 and 3 .				\$	185.2	25
		Important:	Your romit	tance mu	et ha in :	the form	of an olo	ctronic co	vment na	wahlo to	the Posi	star of Con	riahte!	
		Important:						-		-	ine Regi		rigins:	

Accounting Period:	2022/2											F	FORM SA1-2E. PAGE	E 7
Name	LEGAL NAME OF OWNER OF Minburn Cablevision, Ir												SYSTEM II	
M Channels	CHANNELS Instructions: You must gi to its subscribers, and (2) t  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system and nonbroadcast services.	he cable system's total f channels on which the broadcast stations f activated channels in carried television broadcast.	the cable	ber of	f activated ch	annels duri	ing the ac	counting p	period.	tations		30		
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORMA'	ATION IS NEI	EDED (Ider	ntify an inc	dividual to	whom					
for Further Information	Name <b>Debra</b>	Lucht							Tel	ephone	515-677-	-2264		
	(Number, Minbu	nestnut Street, P street, rural route, apartme rn, IA 50167												
	(City, town	, state, zip) debl@minburncor	mm.con	om				Fax (op	tional)					
	CERTIFICATION (This state	ement of account must	st be cert	ertified	d and signed i	in accordar	nce with C	Copyright C	Office regul	ations)				=
O Certification	(Agent of owner in line 1 of sp	other than corporation ace B and that the own ace B.  nent of account and herect to the best of my kn	on or par ner is not a corpora	ip) I and artner of a contraction)	rship) I am th orporation or p ) or a partner ( under penalty	of the cable e duly author partnership; (if a partners	orized age or ship) of the	ent of the or	wner of the ity identified	cable sy	stem as ider			
		Typed or printed notice:	Enter sign name: <b>GM/CE</b>	De	/ Debra Lu tronic signatur re using an "/s, ebra Luch	e on the line / signature" I <b>t</b>	(e.g., /s/ )	John Smith						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
nburn Cablevision, Inc.	38306
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name  Mailing Address  Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
× 1%	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x <b>0</b> days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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